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7590

08/11/2004

Robert C Kowert  
 Conley Rose & Tayon PC  
 PO Box 398  
 Austin, TX 78767-0398



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Robert C. Kowert

(Depositor's name)

*[Signature]*  
 Oct. 21, 2004

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/624,850	07/25/2000	Whay S. Lee	5181-55000	6556

**TITLE OF INVENTION:** SYSTEM AND METHOD FOR IMPLEMENTING A ROUTING SCHEME IN A COMPUTER NETWORK USING INTENTION PACKETS WHEN FAULT CONDITIONS ARE DETECTED

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	11/12/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS	10/26/2004 BABRAHA2 00000022 501505 09624850		
VANDERPUEYE, KENNETH N	2661	370-217000	01 FC:1501 1370.00 DA		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Robert C. Kowert

2 Meyertons, Hood, Kivlin, Kowert &amp; Goetzel, P.C.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Sun Microsystems, Inc.

Santa Clara, CA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies \_\_\_\_\_

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501505/5181-55000 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature) PTO # 39,255 (Date)

*[Signature]* Oct. 21, 2004

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